

Amended Filing for the data file for the Exhibit of Premiums, Enrollment and Utilization form, due to a software error. The hard copy is and was correct.



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Denticare of Arkansas, Inc.

NAIC Group Code	0019 <small>(Current Period)</small>	0019 <small>(Prior Period)</small>	NAIC Company Code	95813	Employer's ID Number	73-1274686
Organized under the Laws of	Arkansas			State of Domicile or Port of Entry	Arkansas	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No []			
Incorporated	04/04/1986		Commenced Business	11/03/1986		
Statutory Home Office	2323 Grand Boulevard <small>(Street and Number)</small>			Kansas City, MO 64108-2670 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	2323 Grand Boulevard <small>(Street and Number)</small>			816-474-2345 <small>(Area Code) (Telephone Number)</small>		
	Kansas City, MO 64108 <small>(City or Town, State and Zip Code)</small>					
Mail Address	2323 Grand Boulevard <small>(Street and Number or P.O. Box)</small>			Kansas City, MO 64108 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	2323 Grand Boulevard <small>(Street and Number)</small>			651-361-4076 <small>(Area Code) (Telephone Number)</small>		
	Kansas City, MO 64108 <small>(City or Town, State and Zip Code)</small>					
Internet Website Address	N/A					
Statutory Statement Contact	Wendy Ojala <small>(Name)</small>			651-361-4076 <small>(Area Code) (Telephone Number) (Extension)</small>		
	wendy.ojala@us.fortis.com <small>(E-mail Address)</small>			651-361-5356 <small>(FAX Number)</small>		
Policyowner Relations Contact	3595 Grandview Parkway, Suite 150 <small>(Street and Number)</small>			800-443-2995 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Birmingham, AL 35243-1935 <small>(City or Town, State and Zip Code)</small>					

OFFICERS

President	Michael John Peninger	Secretary	Kenneth Dale Bowen
Treasurer	Floyd Fitz-Hubert Chadee		

VICE PRESIDENTS

Floyd Fitz-Hubert Chadee	Bradley Clifford Johnson	Danny Joseph Galginaitis
Gary Louis Lau		

DIRECTORS OR TRUSTEES

Michael John Peninger	Kenneth Dale Bowen	Bradley Clifford Johnson
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State ofMissouri.....} ss
County ofJackson.....}

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Michael John Peninger President	Kenneth Dale Bowen Secretary	Floyd Fitz-Hubert Chadee Treasurer
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Subscribed and sworn to before me this
_____ day of _____ May, 2003

Connie J. Turnipseed
Notary Public
March 7, 2006

STATEMENT AS OF MARCH 31, 2003 OF THE DENTICARE OF ARKANSAS, Inc

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	0	0	0	0	0	0	0	0	0				0
2. First Quarter	0					0							
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	0					0							
Total Member Ambulatory Encounters for Period:													
7. Physician	0												
8. Non-Physician	0												
9. Total	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Collected	(718)					(718)							
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	0												
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	330					330							
18. Amount Incurred for Provision of Health Care Services	369					369							